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| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL   |                               |                          |          | Complete if Known           |          |                          |                         |           |  |
|---|-------------------------------|--------------------------|----------|-----------------------------|----------|--------------------------|-------------------------|-----------|--|
|   |                               |                          |          | Application Number 1        |          | 10/824,639               |                         |           |  |
|   |                               |                          |          | Filing Date                 |          | April 15, 2004           |                         |           |  |
|   |                               |                          |          | First Named Inventor Mitsuo |          | Mitsuo UMEM              | uo UMEMOTO              |           |  |
| For FY 2005   |                               |                          |          | Examiner Name D             |          | D. Vu                    |                         |           |  |
| Applicant claims small entity status. See 37 CFR 1.27   |                               |                          |          | Art Unit 2                  |          | 2818                     |                         |           |  |
| TOTAL AMOUNT OF PAYMENT (\$) 910.00   |                               |                          | l        | Attorney Docket No. 6       |          | 606402017800             |                         |           |  |
| METHOD OF PAYMENT (check all that apply)  |                               |                          |          |                             |          |                          |                         |           |  |
| Check Credit Card Money Order None Other (please identify):   |                               |                          |          |                             |          |                          |                         |           |  |
| x Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP   |                               |                          |          |                             |          |                          |                         |           |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  |                               |                          |          |                             |          |                          |                         |           |  |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |                               |                          |          |                             |          |                          |                         |           |  |
| X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17   |                               |                          |          |                             |          |                          |                         |           |  |
| FEE CALCULATION   |                               |                          |          |                             |          |                          |                         |           |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |                               |                          |          |                             |          |                          |                         |           |  |
|   | FIL                           | ING FEES                 | SEA      | ARCH FEES                   | EXAMIN   | ATION FEES               |                         |           |  |
| Application T   | ype <u>Fee (</u> \$)          | Small Entity<br>Fee (\$) | Fee (\$) | Small Entity<br>Fee (\$)    | Fee (\$) | Small Entity<br>Fee (\$) | Fees                    | Paid (\$) |  |
| Utility   | 300                           | 150                      | 500      | 250                         | 200      | 100                      |                         |           |  |
| Design  | 200                           | 100                      | 100      | 50                          | 130      | 65                       |                         |           |  |
| Plant   | 200                           | 100                      | 300      | 150                         | 160      | 80                       |                         |           |  |
| Reissue   | 300                           | 150                      | 500      | 250                         | 600      | 300                      |                         |           |  |
| Provisional   | 200                           | 100                      | 0        | 0                           | 0        | 0                        |                         |           |  |
| 2. EXCESS CLAIM FEES Small Entity   |                               |                          |          |                             |          |                          |                         |           |  |
| Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025  |                               |                          |          |                             |          |                          |                         |           |  |
| Each independent claim over 3 (including Reissues)  |                               |                          |          |                             |          |                          | 200                     | 100       |  |
| Multiple dependent claims   |                               |                          |          |                             |          |                          | 360                     | 180       |  |
| I   |                               |                          |          | Paid (\$) Multiple Depend   |          |                          | ent Claims              |           |  |
| -20 = X =   |                               |                          |          |                             |          |                          | ee Paid (               |           |  |
|   |                               |                          |          |                             |          |                          |                         |           |  |
| Indep. Claims   | Extra Claims                  | Fee (\$)                 | Fee P    | aid (\$)                    |          |                          |                         |           |  |
|   |                               |                          |          |                             |          |                          |                         |           |  |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer   |                               |                          |          |                             |          |                          |                         |           |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                               |                          |          |                             |          |                          |                         |           |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)   |                               |                          |          |                             |          |                          |                         |           |  |
| 100 = /50 (round up to a whole number) x =  |                               |                          |          |                             |          |                          |                         |           |  |
| 4. OTHER FEE(S)  Fees Paid (\$)   |                               |                          |          |                             |          |                          |                         |           |  |
| Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 790.00                               |                               |                          |          |                             |          |                          |                         |           |  |
| Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 /90.00 1251 Extension for response within first month 120.00  |                               |                          |          |                             |          |                          |                         |           |  |
| SUBMITTED BY  |                               |                          |          |                             |          |                          |                         |           |  |
| Signature   | · fleftest the                |                          |          |                             | 28,055   | Telephone                | elephone (703) 760-7743 |           |  |
| Name (Print/Type)   | ытуре) Barry E. Bretschneider |                          |          |                             |          | Date                     | March 2                 | 2, 2006   |  |